

**MARION MILITARY INSTITUTE
CATASTROPHIC SICK LEAVE DONATION AGREEMENT**

I, _____, _____, employed by
Donating Employee's Name Social Security Number
_____ wish to donate _____ hours of sick leave to
Donating Employee's Agency

_____, _____,
Employee To Whom Donating Leave Social Security Number (If known)
Employed by _____.
Receiving Employee's Agency

I understand that I may not donate more than a total of thirty (30) days of sick leave during my employment with Marion Military Institute.

I am donating this leave of my own free will and understand that sick leave deducted from my balance may not be returned.

Signature

Date

Sick Leave Bank Administer Signature

Date